

**STATE OF DELAWARE
HISTORIC PRESERVATION TAX CREDIT APPLICATION
CONTINUATION/AMENDMENT SHEET**

Property Name

DE SHPO OFFICE USE ONLY:

Project Number: _____

Property Address

Instructions: Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an Application already submitted. Photocopy additional sheets as needed.

This sheet: ☐ continues Part 1 ☐ continues Part 2 ☐ amends Part 1 ☐ amends Part 2 DE SHPO Project Number: _____

Name: _____ Signature: _____ Date: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-mail (optional): _____

DE SHPO Office Use Only:

- ☐ The SHPO has determined that these project amendments are consistent with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation*.
- ☐ The SHPO has determined that these project amendments will be consistent with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation* if the attached conditions are met.
- ☐ The SHPO has determined that these project amendments are not consistent with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation*.

Date

Delaware State Historic Preservation Officer

DE SHPO Reviewer/Telephone No.

☐ See Attachments

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